of and access. to quality health care. The Mission seeks to provide accessible, affordable, accountable, effective, reliable, and quality primary health care through creation of a cadre of Accredited Social Health Activities (ASHA), improved hospital care measured through Indian Public Health Standards (IPHS), decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources.

(ii) Under the mission, Reproductive and Child Health Programme (II) provides:

(a) Specific Programmes to prevent and combat micronutrient deficiencies of Vitamin A and Iron & Folic Acid through Vitamin A Supplementation for children till the age of 5 years and Iron & Folic Acid Supplementation for preschool children, pregnant and lactating women.

(b) Maternal Health care by promoting institutional deliveries, improved coverage and quality of Ante Natal Care (ANC), skilled care to pregnant women, Postpartum care at Community level.

(c) Immunization services.

(d) Integrated Management of Neonatal and Childhood Illnesses and malnutrition.

(e) Emphasis on Infant & Yong Child Feeding.

(iii) National Iodine Deficiency Disorders Control Programme.

(iv) Monthly, Village Health and Nutrition Day are to be organized by the ASHA, Anganwadi Worker, ANM & PRA representatives.

(v) The other Progarmmes launched by various other Ministries and Department are:

(a) Integrated Child Development Services Schemes (ICDS) including supplementary nutrition.

(b) A National Nutritional Policy has been adopted in 1993 and a National Plan of Action for Nutrition (1995) is being implemented through various Departments of Government. The National Nutrition Mission has been set up.

(c) National Programme for Nutritional Support to Primary Education (Mid Day Meal Scheme).

(d) Nutrition Programme for Adolescent Girls in 51 districts to provide free foodgrains to undernourished adolescent girls and pregnant and nursing mothers.

(e) Nutrition Education and Training Programmes of Food and Nutrition Board.

(f) Targeted Public Distribution Sytem (Department of Food & Public Distribution).

(g) Accelerated Rural Water Supply Programme/Swajaldhara and Total Sanitation Campaign; National Rural Employment Guarantee Programme.

Working hours of CGHS dispensaries

1224. SHRI NANDI YELLAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the existing working hours of CGHS dispensaries in Delhi are causing inconveniece to the CGHS beneficiaries;

(b) whether Government is seriously considering to extend or changing the timings of the CGHS dispensaries so that all its beneficiaries could be benefited; and

(c) if so, by when it is likely to be changed/extended?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) Presently there are 87 dispensaries under CGHS Delhi, out of which 20 dispensaries are providing service round the clock and 11 dispensaries are functioning on two-shift basis. The present arrangement seems to be adequate to meet the requirements of CGHS beneficiaries. Additionially, in case of emergency, CGHS beneficiaries can go directly to any hospital for treatment and claim reimbursement as per package rates for CGHS, Delhi.

Funds received from international agencies

1225. SHRI TARIQ ANWAR: Will the Minister of Health and Family Welfare be pleased to state:

(a) the details of the funds received from different international agencies for health facilitiess in the country;

(b) the details of the funds allocated and used for health facilities during the last three years, State-wise; and

(c) whether the funds are used properly in the States?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) The projects received funds from International Agencies for Health & Family Welfare Programme are as follows:

(i) The Reproductive and Child Health Programme was launched in October, 1997. The second phase has commenced from April 2005 for a period of 5 years. The Government of India has launched the National Rural Health Mission (NRHM) which includes the second phase of Reproductive and Child Health (RCH) Programme.

World Bank credit to the tune of $360 million has been extended to the Reproductive and Child Health Project phase II (RCH-II). The Development Credit Agreement was signed on 16th October, 2006. DFID and UNFPA have committed for the grant of UK £ 252 million and US$ 20 million respectively to the Reproductive and Child Programme Phase II. Project is expected to be completed by March 31,2010.

(ii) The other foreign assisted projects are given below:

State	Project Name	Amount	Funding Agency
1	2	3	4
Madhya Pradesh	Madhya Pradesh (MP) Health Sector Reform Programme (under process for approval)	£ 60 million	DFID
Orissa	(1) "Orissa Health Sector Plan (2006-2010)" (under process for appoval.	Rs. 400.00 crore including Rs. 100.00 crores for support to nutrition	DFID